



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING
ANNUAL REPORT
DEBT MANAGEMENT PLAN LICENSEES
FOR THE TWELVE (12) MONTH PERIOD ENDING DECEMBER 31, 2005

Pursuant to Section 22 of Chapter 14 of Title 19 of the General Laws of Rhode Island, each licensee must file this Annual Report ("Report"). The information contained in this Report is, unless otherwise noted, **available to the public** pursuant to The Rhode Island Access to Public Records Act (R. I. Gen. Laws § 38-2-1 *et seq.*).

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

License Number

Name of Licensee as it Appears on the Main Office License (include d/b/a if applicable)

Street, City, State, Zip Code (Address as it Appears on the Main Office License)

NOTE: The Financial Statement of Condition and Statement of Income and Expenses must be prepared in accordance with Generally Accepted Accounting Principles and must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, the **President or Treasurer**; 2) in the case of a **Partnership**, by a **General Partner**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

I, _____
(Type Name & Title of Authorized Officer)
of the named licensee do hereby declare that the Financial Statement of Condition and the Statement of Income and Expenses, including any supporting schedules, provided with this Report have been prepared in accordance with Generally Accepted Accounting Principles and are true and accurate to the best of my knowledge and belief.

Signature of Authorized Officer

Date of Signature

The Licensee may be subject to late filing penalties in accordance with R. I. Gen. Laws § 19-14-22 at the rate of twenty-five dollars (\$25) per day and/or examination fees pursuant to R. I. Gen. Laws § 19-14-23 if an incomplete Report is submitted.

NOTE: The accuracy and correctness of this Report must be attested to below by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors** (if no directors, other similar officers); 2) in the case of a **Partnership**, by at least **two (2) Partners**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

The penalty, upon conviction, of filing any false entry in the Report is a maximum of \$50,000 and imprisonment for up to twenty (20) years.

We, the undersigned, have examined the contents of this Report and attest to the completeness, accuracy and correctness of this Report.

Signature of Director Date

Signature of Director Date

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

Signatures must be notarized on Page 9 of the Report

The Licensee must file the completed Report (**9 of 9 pages**) for receipt by the Division of Banking, at 233 Richmond Street, Suite 231, Providence, RI 02903-4231 on or before **March 31, 2006**. This Report is a time sensitive document. **The Report should be immediately forwarded to the person(s) responsible for its completion and filing.**

Schedule A¹ – Rhode Island Licensed Business as of end of Calendar Year 2005²
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1. Main Office Licensed Address

Street _____ Telephone Number _____
 City, State, Zip Code _____
 License Number _____ # _____
 Provide the name of the Manager of record _____

Has the individual named above filed with the Division an Authorization for Background Check and Release³ along with a Resume showing a minimum of five years work experience? Yes _____ No _____

2. Branch Office Licensed Address

Street _____ Telephone Number _____
 City, State, Zip Code _____
 Branch Certificate Number _____ # _____
 Provide the name of the Manager of record _____

Has the individual named above filed with the Division an Authorization for Background Check and Release³ along with a Resume showing a minimum of five years work experience? Yes _____ No _____

3. Branch Office Licensed Address

Street _____ Telephone Number _____
 City, State, Zip Code _____
 Branch Certificate Number _____ # _____
 Provide the name of the Manager of record _____

Has the individual named above filed with the Division an Authorization for Background Check and Release³ along with a Resume showing a minimum of five years work experience? Yes _____ No _____

4. Provide the information requested below for debt management plans outstanding as of December 31, 2005.

<u>Number of Plans Outstanding</u>	<u>Aggregate Dollar Amount of Debtors' Funds on Hand</u>	<u>Aggregate Balance of Debtor Obligations Under Management</u>
# _____	\$ _____	\$ _____

¹ Schedule A may be reproduced if additional space is necessary.

² Include only Rhode Island licensed activity.

³ If "NO", Licensee must contact the Division to obtain an Authorization for Background Check and Release to be completed and signed where indicated and filed with the Division along with a resume.

Schedule B - Financial Statements

Enter below (***DO NOT ATTACH FINANCIAL STATEMENTS***) information for the Licensee as a whole, including information for activity conducted out of Rhode Island, prepared in accordance with Generally Accepted Accounting Principles.

**Statement of Financial Condition
as of December 31, 2005**

ASSETS		LIABILITIES AND CAPITAL	
Cash & cash equivalents	\$	Accounts payable	\$
Cash & cash equivalents – restricted		Notes payable within 1 year	
Security deposits		Client escrow funds	
Accounts receivable		Accrued expenses	
Receivables from affiliates		Other Notes payable	
Prepaid expenses		Other liabilities	
Buildings & fixtures (net)			
Furniture & equipment (net)		Total liabilities	\$
Intangible assets		Common Stock	\$
Other assets		Preferred Stock	
		Additional paid-in capital	
		Retained earnings	
		Other equity interests	
		Total capital	\$
Total assets	\$	Total liabilities & capital	\$

**Statement of Income & Expenses
January 1, 2005 through December 31, 2005**

INCOME		EXPENSES	
Interest Income	\$	Interest expense	\$
Plan fees		Salaries, wages & benefits	
Other fees & income		General & administrative expenses	
		Occupancy expenses	
		Depreciation & amortization	
		Public awareness/education	
		Travel, Meals & Entertainment	
		Other expenses	
		Total expenses	\$
Total income	\$	Net income	\$

Schedule C - Miscellaneous Information as of the Date of the Filing of This Report

1. Has the licensee been the subject of any adverse action by any state or federal regulatory or law enforcement agency since the latter of the filing of the March 31, 2005 Annual Report, or the date that the license was issued?

YES _____ NO _____

If YES, explain below the circumstances of said action.

2. Provide the Name of the Surety/Insurance Company that issued the Bond along with the Bond Number and Bond Amount for each Bond in effect as of the filing of this Report.

a) Surety/Insurance Company (not agent) _____

License Number _____ Bond Number _____ Amount \$ _____

Licensees are reminded that they must have adequate bonding in accordance with R. I. Gen. Laws § 19-14-6. Failure to have such bonding on file with the Division may result in the revocation or suspension of the license until such time as proper bonding has been acquired.

3. Provide the name, address and telephone number of the attorney (**other than the manager or an official of the licensee**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name _____

Street _____

City, State & Zip Code _____

Telephone Number _____

4. Provide the names of each director of the licensee as of the date of this Report:

_____	_____
_____	_____
_____	_____
_____	_____

5. Provide the name and title of each principal officer (i.e. Sole Proprietor, Partner, President, Vice President, Secretary, Treasurer, or substantially similar principal officer) of the Licensee as of the date of this Report:

Name _____	Title _____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Schedule C - Miscellaneous Information (continued)

5. Provide the names of any person who owns, controls, votes or has a beneficial interest in, directly or indirectly, ten percent (10%) or more of the outstanding capital stock or equity interest of the licensee.

Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____

6. Provide the name, title, telephone number, fax number and e-mail address of the individual to be contacted with respect to scheduling an examination of the licensed business pursuant to R. I. Gen. Laws § 19-14-23.

Name	_____
Title	_____
Telephone Number	_____ Fax Number _____
E-mail Address	_____

7. Provide the name, title, telephone number, fax number and e-mail address of the individual authorized to respond to questions about this Report:

Name	_____
Title	_____
Telephone Number	_____ Fax Number _____
E-mail Address	_____

**WHERE INSUFFICIENT SPACE IS PROVIDED TO SET FORTH THE FACTS
ADEQUATELY, ATTACH A SCHEDULE INDICATING THE DETAILS.**

Schedule D - 2006 Licensee Contact Form as of the Date of the Filing of This Report
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DUE MARCH 31, 2006

AN AUTHORIZED OFFICER OF THE LICENSEE MUST PROPERLY SIGN THIS FORM. This Division receives communications from consumers from time to time that require contact with a licensee. So we may promptly contact the person in your company with responsibility for resolving consumer inquiries or complaints, please provide the following:

License Number # _____

Name of Licensee **as it Appears on the Main Office License** (include d/b/a if applicable)

Street, City, State & Zip Code (**Address as it Appears on the Main Office License**)

Hours of Operation _____

Contact Person Responsible for Resolving Consumer Inquiries or Complaints

Name _____

Title _____

Street _____

City, State & Zip Code _____

Telephone Number (**toll free if applicable**) _____ Fax Number _____

E-mail Address _____

Name, Title and Signature of Authorized Signing Officer

Name _____

Title _____

Signature _____

Schedule E - Annual License Fee Calculation

Enter the License Number and Branch Certificate Number, **including the two letter License suffix (i.e. DM), and Branch Certificate Number suffix (i.e. B01, B02, B03, etc.)** for each License and Branch Certificate being maintained by the licensee.

License Number # _____
Branch Certificate Number(s) # _____ # _____ # _____
_____ # _____ # _____

- 1) Number of License and Branch Certificate Numbers entered above # _____
2) Annual license fee per License and Branch Certificate.....\$ 200
3) Total annual license fee (Item 1 x Item 2) \$ _____

Schedule F - Annual Report Filing Fee Calculation

1. Number of License and Branch Certificates reported in Schedule E(1) # _____
2) Annual Report Filing Fee.....\$55
3) Total Annual Report Filing Fees (Item 1 x Item 2) \$ _____

Schedule G - Annual Training & Technology Assessment

Training & Technology Assessment per license.....\$20

Schedule H - Total Fees Calculation

Total fees due with the filing of the Report (Sum of Schedule E(3), Schedule F(3) & Schedule G)\$ _____

CHECK MUST BE MADE PAYABLE TO

“GENERAL TREASURER - STATE OF RHODE ISLAND”

PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

Return The Report Along With Check On or Before

March 31, 2006

To

Department of Business Regulation Division of Banking

233 Richmond Street, Suite 231, Providence, RI 02903-4231

Please contact State Chief Bank Examiner , Steven L. Cayouette , at (401) 222-5429 or scayouet@dbi.state.ri.us or Systems Analyst Lucy Ponte at (401) 222-2405 or Lucy_Ponte@dbi.state.ri.us if you have any questions related to the filing of this Report. The Division prefers to respond to questions in advance so licensees may avoid annual license fee and Report filing delays and the penalties associated with the filing of an incomplete or inadequate Report.

Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day For The Delayed Filing Of The Report And An Additional Penalty Of Twenty-Five Dollars (\$25) Per Day Per License And Branch Certificate For The Late Payment Of The Annual License Fee.

Schedule H - Notary

This schedule is to be used to satisfy the signature witness requirement of the Report filing. The directors, partners, or sole proprietor signatures, whichever is applicable, appearing on page 1 of this Report are to be witnessed on this Schedule.

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public